

**Application Data Sheet****Application Information**

|                                  |  |
|----------------------------------|--|
| Application Type::               | Regular  |
| Subject Matter::                 | Utility  |
| Suggested Classification::       |  |
| Suggested Group Art Unit::       |  |
| CD-ROM or CD-R?::                | None   |
| Number of CD Disks::             |  |
| Number of Copies of CDs::        |  |
| Sequence Submission?::           |  |
| Computer Readable Form (CRF)?::  |  |
| Number of copies of CRF::        |  |
| Title::                          | METHOD FOR AUTHENTICATION BY<br>CHEMICAL MARKING OF TRACING OF<br>AN OBJECT OR A SUBSTANCE |
| Attorney Docket Number::         | HACHIN1  |
| Request for Early Publication?:: | No   |
| Request for Non-Publication?::   | No   |
| Suggested Drawing Figure::       |  |
| Total Drawing Sheets::           | 4  |
| Small Entity?::                  | Yes  |
| Latin Name::                     |  |
| Variety Denomination Name::      |  |
| Petition Included::              | No   |
| Petition Type::                  |  |
| Licensed US Govt. Agency::       |  |
| Contract or Grant Numbers::      |  |
| Secrecy Order in Parent Appl.?:: | No   |
| <b>Applicant Information</b>     |  |
| Applicant Authority Type::       | Inventor   |
| Primary Citizenship Country::    | France   |
| Status::                         | Full Capacity  |

Given Name:: Jean-Michel  
Middle Name::  
Family Name:: HACHIN  
Name Suffix::  
City of Residence:: Levallois-Perret  
State or Province of Residence::  
Country of Residence:: France  
Street of Mailing Address:: 15, rue Trebois  
City of Mailing Address:: Levallois-Perret  
State or Province of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code of Mailing Address:: 92300  
Applicant Authority Type:: Inventor  
Primary Citizenship Country:: France  
Status:: Full Capacity

Given Name:: Claude  
Middle Name::  
Family Name:: LAMBERT  
Name Suffix::  
City of Residence:: Saint Michel Sur Orge  
State or Province of Residence::  
Country of Residence:: France  
Street of Mailing Address:: 16 allée des Thuyas  
City of Mailing Address:: Saint Michel Sur Orge  
State or Province of Mailing Address::  
Country of Mailing Address:: France  
Postal or Zip Code of Mailing Address:: 91240

**Correspondence Information**

Correspondence Customer Number:: 001444

**Representative Information**

Representative Customer Number:: 001444

**Domestic Priority Information**

Application:: Continuity Type:: Parent Parent Filing

This Application      National Stage of

Application::      Date::  
PCT/FR03/003233      10-29-03

**Foreign Priority Information**

|           |                      |               |                    |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| France    | 02/13718             | 10-29-02      | Yes                |

**Assignment Information**

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::